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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Daniel S. Yeagley
Art Unit: 3611

DATE: March 15, 2006

FROM: Troy M. Schmelzer

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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MESSAGE:

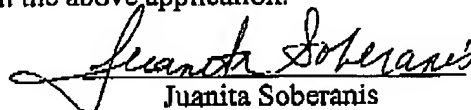
RE: U.S. Patent Application Serial No.: 10/780,279; Our Ref. 89277.0023

I hereby certify that the following documents:

- ☒ Amendment/Amendment Transmittal
☒ Petition for Extension of Time

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

March 15, 2006
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Juanita Soberanis

TELECOPY/FAX NUMBER: 571-273-8300 Art Unit 3611
CLIENT NUMBER: 89277.0023
ATTORNEY BILLING NUMBER: 3212
CONFIRMATION NUMBER: (571) 272-6655 (please return fax to Juanita Soberanis)

FORM PTO-1083

Attorney Docket No. 89277.0023
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazuhisa TAKANO

Serial No: 10/780,279

Confirmation No: 7069

Filed: February 17, 2004

For: MOTORCYCLE

Art Unit: 3611

Examiner: Yeagley, Daniel S.

I hereby certify that this correspondence
is being transmitted via facsimile to
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Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

March 15, 2006

Date of Deposit

Juanita Soberanis

Name

Signature

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Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Petition for Extension of Time.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	5	-	3	***	2	LG=\$200 SM=\$100	\$ 400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS		\$
Independent Claims: 1, 14, 16, 17 and 20					TOTAL		\$ 400

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge the amount of \$400 to cover the additional claims fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
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☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: March 15, 2006

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